NAME

DATE

SIGNATURE

Timothy E. Tracy

Séptember 28, 2001

Rea. No. 39401

,	Comp	olete if Known	
•	Application Number		
FEE TRANSMITTAL	Filing Date		
	First Named Inventor	SZYMCZAK et al.	
	Group Art Unit		
	Examiner Name		
	Attorney Docket Number	MCP-284	

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	28 - 20 =	8	x 18.00	\$ 144.00
INDEPENDENT CLAIMS	4 - 3 =	1	× 80.00	\$ 80.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$270.00	
			TOTAL FEES	\$ 934.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/MCP-284/TT in the amount of \$934.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/MCP-284/TT. Three copies of this sheet are enclosed.

SUBMITTED E	BY:		Complete (if applicable)
Typed or Printed Name	Timothy E. Tracy		Reg. No. 39, 401
Signature	T28,74	Date: 09/28/2001	Deposit Account No. 10-0750

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Christopher E. Szymczak and James T. Walter

For : SIMETHICONE SOLID ORAL DOSAGE FORM

Express Mail Certificate

"Express Mail" mailing number: EL691438740US

Date of Deposit:

September 28, 2001

I hereby certify that this complete application, including specification pages, claims, abstract, and unexecuted Declaration and Power of Attorney, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

An executed Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Karen Hall-Morgan
(Typed or printed name of person mailing paper or fee)

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